

# TIME WORK RECORD

**HPF**

Indiana Department of Natural Resources  
 Division of Historic Preservation and Archaeology

Name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Project: \_\_\_\_\_  
 Grant #: \_\_\_\_\_

Total hours recorded on this sheet: \_\_\_\_\_  
 Hourly rate of pay / value of hourly services: \_\_\_\_\_  
 Total \$ amount claimed on this sheet: \_\_\_\_\_  
 Hours were:    [ ] Donated    [ ] Paid by grant recipient

Date	# Hours	Description of Work
Total Hours		

I certify that the services shown above were essential to the grant-assisted effort, that the amounts of time indicated are appropriate, that the data is correct, and that the hourly rate is reasonable and conforms to procedures for valuing volunteer services as set forth in Office of Management and Budget Circular A-102.

\_\_\_\_\_  
 Signature of Worker / Volunteer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature -- Agent of Sponsoring Organization

\_\_\_\_\_  
 Date